## MEDICATION SELF-ADMINISTRATION EVALUATION FORM

Resident Name:			Date:	
Person Completing the Form:			Title:	
<b>Instructions:</b> Complete this form to assess a resident's ability to self-administer medications. Check appropriate responses below. <b>Note:</b> Questions 1-6 are required fields and "Not Applicable" is not an appropriate response.				
ASSESSMENT CRITERIA	FULLY CAPABLE	CAPABLE W/ASSISTANCE	UNABLE	NOT APPLICABLE
Can correctly read label and/or identify each medication.				
2 Can correctly state what each medication if for.				
3 Can correctly state what time medications are to be taken				
4 Can correctly state the proper dosage.				
5 Can demonstrate ability to open mediation containers.				
6 Can correctly measure the appropriate amount				
of medication from container.				
7 Can correctly document self-administration of the medications.				
8 Can demonstrate secure storage of medications				
kept in room.				
9 Can correctly state situations warranting				
administration of PRN medications.				
10 Can correctly document the administration of				
PRN medications.				
11 Can correctly administer subcutaneous				
injections.				
12 Can correctly administer inhalant medications				
according to proper procedure.  13 Can correctly administer eye drops or eye				
ointments correctly.				
14 Can apply topical ointments, creams, or trans-				
dermal patches according to MD orders.				
15. Can administer ear drops correctly				
16. Can administer rectal suppositories according				
to proper procedure.				
17. Can administer vaginal suppositories				
according to proper procedure.  18. Can correctly identify the time for refilling				
prescriptions.				
rr.				
ASSESSMENT RESULTS				
[ ] Resident is deemed ABLE to safely self-administer medications. [ ] Resident is deemed UNABLE to safely administer medications for the following reasons:				
			-	
			-	
			-	
This assessment was completed by: Date: Signature/Title				